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**REVOCATION OF POWER OF ATTORNEY
OR
AUTHORIZATION OF AGENT**

Application Number	09/506,766
Filing Date	February 18, 2000
First Named Inventor	Shlomo Ben-Haim
Group Art Unit	3762
Examiner Name	F. P. Oropeza
Attorney Docket Number	BIO-95

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number **000027777**

OR

<input type="checkbox"/> Firm or Individual Name					
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Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Louis J. Capuzzuto
Signature	
Date	July 8, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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